

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

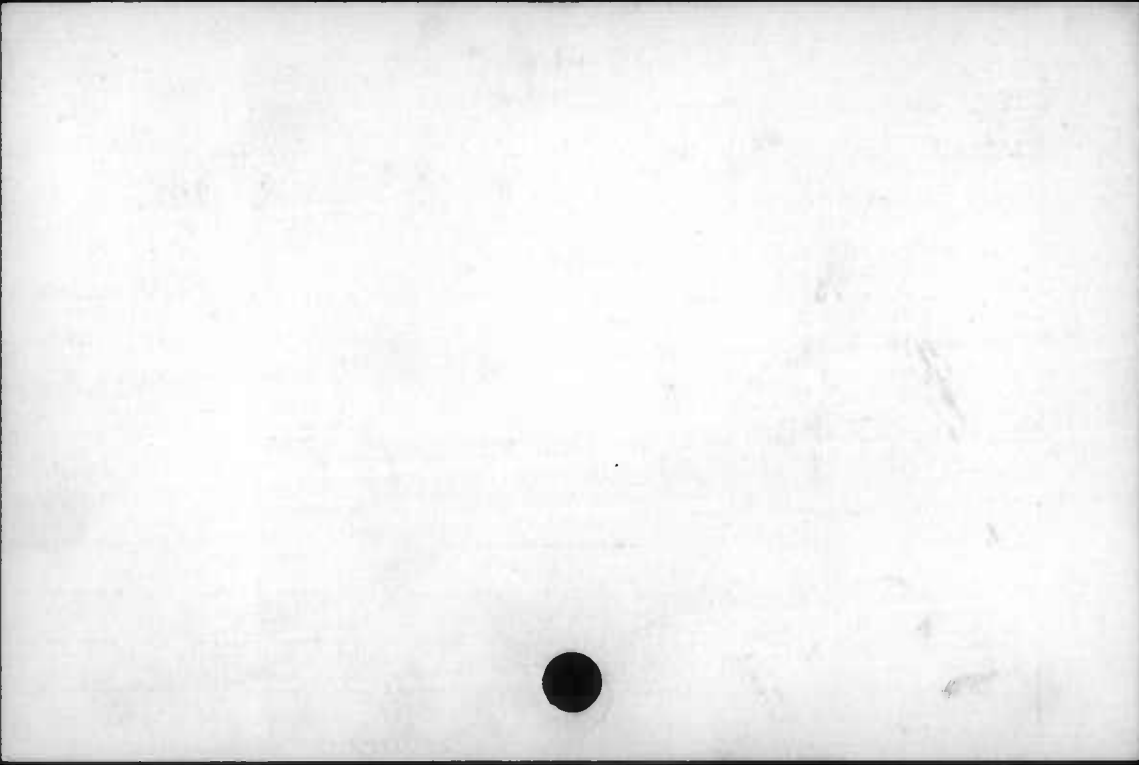
Name in Full <i>John Allen</i>		Town <i>Mar Harlock</i>		County <i>Dor</i>		MARYLAND	
Died at <i>Mar Harlock</i>		Month <i>Feb</i>		Day <i>15-</i>		Years <i>81</i>	
Date of death <i>1910</i>		Month <i>Feb</i>		Day <i>15-</i>		Years <i>81</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Dor, County</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Mar Harlock</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Hester Allen</i>					
Father's Name <i>Harvey Allen</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Mahala Stoner</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Hester Allen</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

189

PHYSICIAN
OR CORONER

Primary <i>unknown</i>		How long <i>Unknown</i>	
Immediate <i>unknown</i>		How long <i>Unknown</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Robt Hatcher</i>	
		Address <i>As Physician in Attendant</i>	
Accident or Suicide?			



Name
in
Full

Margaret E Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Secretary</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death 19 <u>60</u> ^{Month} <u>2</u> ^{Day} <u>27</u> ^{Years} <u>67</u> ^{Months} <u>—</u> ^{Days} <u>—</u>		Age <u>67</u>			
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Dorchester</u>			
Occupation <u>Housekeeper</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Williams, Collins</u>	Father's Birthplace <u>Dorchester</u>				
Mother's Maiden Name <u>Elen Lehusin</u>	Mother's Birthplace <u>Dorchester</u>				
Name of person giving Information <u>Sallie E. Steven</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary <u>Dropsy & Bright's</u>	How long <u>6 mo</u>
Immediate <u>Heart failure</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. P. Nichols</u>
	Address <u>E. N. Market - Md</u>
Accident or Suicide	



Name
in
Full

Rebecca Jane Chester
Town County

CERTIFICATE OF DEATH

Died at Mechanics Neck Dorchester Co.,

MARYLAND

Date

of death

1900

Feb.

7th

Age

65

Months

Days

do not know do not know

Sex

Female

Color or
Race

Colored

Birth-
place

Barren Island Maryland

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

William Chester

Father's
Name

do not know

Father's
Birthplace

do not know

Mother's
Maiden Name

Eliza Dorsey

Mother's
Birthplace

do not know

Name of person giving
Information

John W. Chester

How related
to deceased

Son

CAUSES OF DEATH

Primary

Burns of entire body

How long

Death instantaneous

Immediate

Shovel

How long

do not know

Are the name, age, sex, color, date as near
and place correctly given above? as possible

Signature of
Physician

Alonso Travers J.P.

Address

acting Coroner

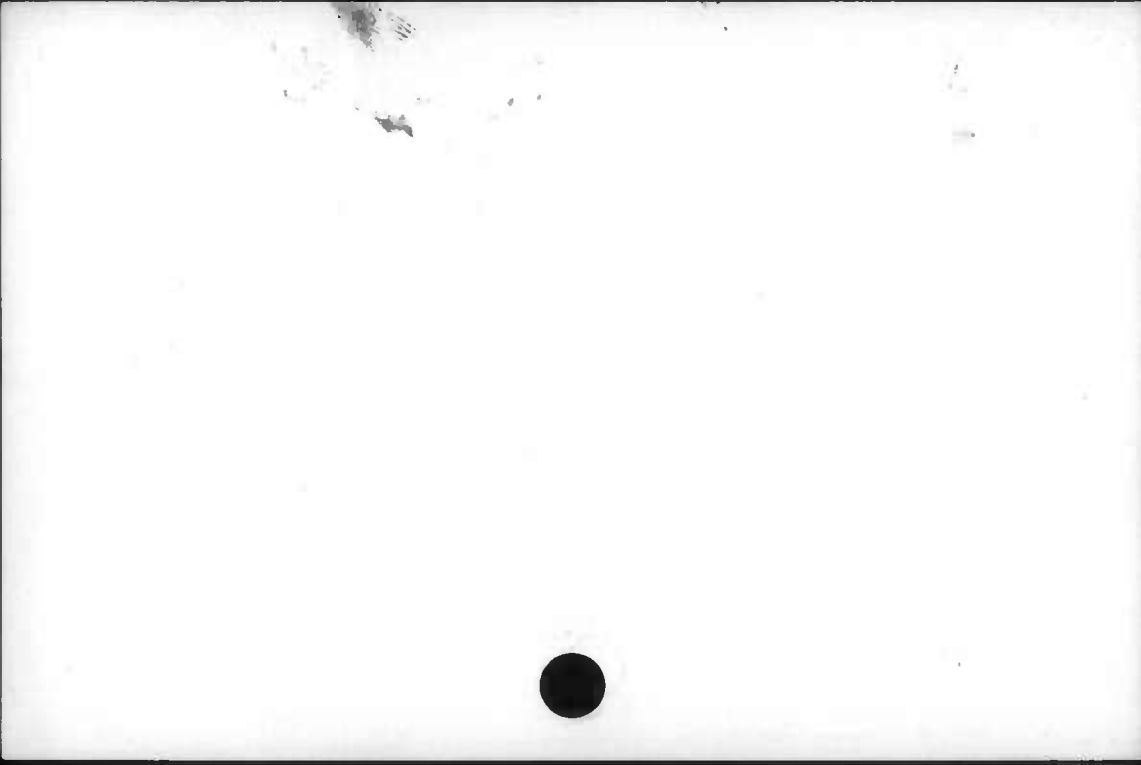
Accident or Suicide

accident

Fishing Creek, Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Bartholomew Crummon

CERTIFICATE OF DEATH

Died at Elwood ^{Town}		Dorchester ^{County}		MARYLAND	
Date of death 1900 ^{Month} Feb ^{Day} 21 ^{Years} 65		Age 65		Months — Days —	
Sex male		Color or Race white		Birth-place Dummark	
Occupation Farmer		Where Residing if not at place of death —			
Married, Single or Widowed married		Name of Wife or Husband Matilda Crummon			
Father's Name Donk known		Father's Birthplace Dummark			
Mother's Maiden Name Donk known		Mother's Birthplace Donk known			
Name of person giving Information J. Swiford Williams		How related to deceased none			

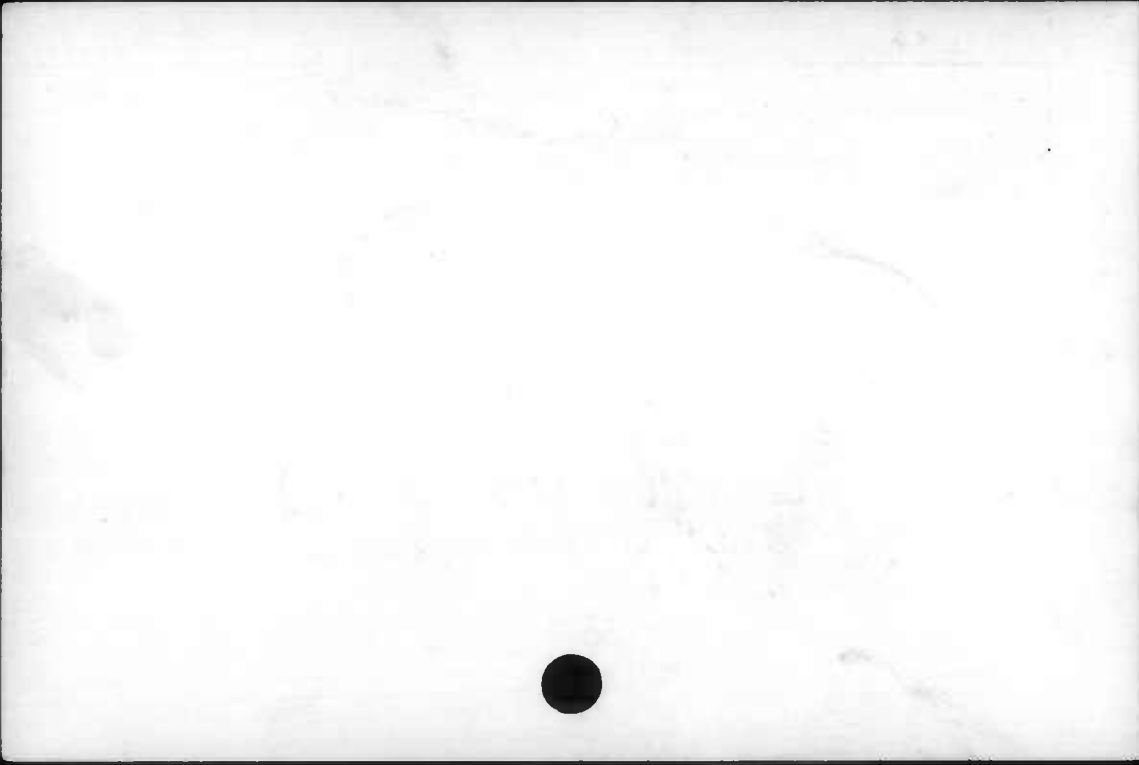
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

79 ✓

Primary Organic Disease of Heart		How long 57 years
Immediate Donk known		How long Sustained years
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. L. Noble
		Address Brester Md.
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

Selina Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lloyds Town Dorchester County MARYLAND

Date of death 1900 Month Feb. Day 9 Age 38 Years Months Days

Sex Female Color or Race Negro Birth-place Md.

Occupation Housewife Where Reiding if not at place of death Lloyds

Married, Single or Widowed Married Name of Wife or Husband Robert Dennis

Father's Name Jesse Tugoe Father's Birthplace Md.

Mother's Maiden Name Henrietta Ward Mother's Birthplace Md.

Name of person giving Information Robert Dennis How related to deceased Husband

CAUSES OF DEATH

(138) 1

PHYSICIAN
OR CORONER

Primary Eclampsia How long 5 hrs

Immediate suppurative meningitis How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician S. A. Stokes

Address Cornusville Md

Accident or Suicide



Name
in
Full

Lorise E Shields

CERTIFICATE OF DEATH

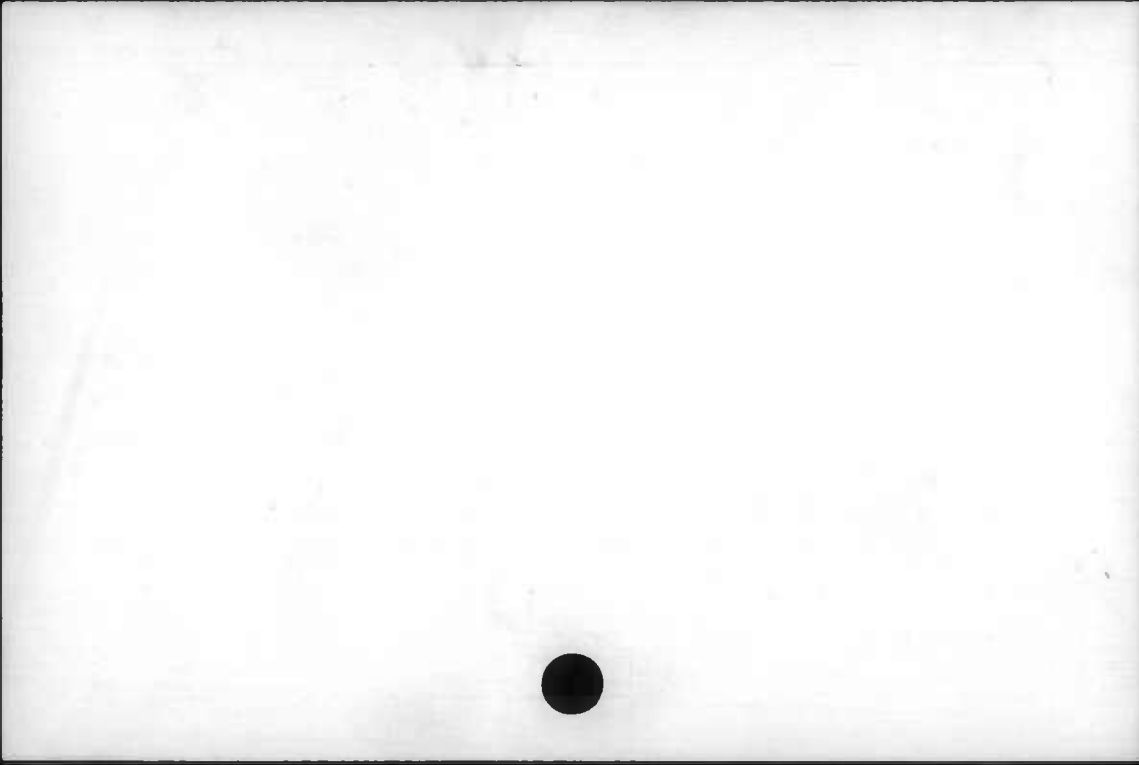
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1900	Month Feb.	Day 6	Age in	Months 5	Days in
Sex Female		Color or Race Colored		Birth place Cambridge Md			
Occupation in				Where Residing if not at place of death in			
Married, Single or Widowed Single		Name of Wife or Husband in					
Father's Name Frederick Stiles		Father's Birthplace Dorchester Co					
Mother's Maiden Name Marie Bailey		Mother's Birthplace Dorchester Co					
Name of person giving Information "		"		How related to deceased mother			

CAUSES OF DEATH

Primary	Broncho Pneumonia	How long Two weeks
Immediate	Exhaustion	How long in
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dexter J. Reynolds MD
		Address Cambridge Md
Accident or Suicide L & H		

PHYSICIAN
OR CORONER



Name in Full		Stee Burr				Dickinson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Petersburg</i> Town			<i>Dorchester</i> County			MARYLAND	
		Date of death 190		Month <i>2</i>	Day <i>20</i>	Age	Years	Months	Days
		Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Dor Co</i>			
		Married, Single or Widowed				Occupation			
		Name of Wife or Husband							
		Father's Name <i>Robert Dickinson</i>				Father's Birthplace <i>Dor Co</i>			
		Mother's Maiden Name <i>Nettie Robinson</i>				Mother's Birthplace <i>" "</i>			
		Name of person giving information <i>Lizzie E. Claunch</i>				How related to deceased <i>None</i>			
		<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <i>Stee Burr</i>				How long <i>8</i>			
		Immediate <i>No Physician in attendance</i>				How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Robert L. Haslam, Local Regs</i>			
		<i>Yes</i>				Address <i>Hamlet ind</i>			
		Accident or Suicide?							



Name
In
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sallie M. Hammond*
Town *Woolford* County *Dor.*

Died at
Date of death 1900 Month *Feb* Day *28* Age *13* Years Months *5* Days *20*

Sex *female* Color or Race *white* Birth-place *Madison*

Occupation *none* Where Residing if not at place of death *✓*

Married, Single or Widowed *Single* Name of Wife or Husband *✓*

Father's Name *Wm John Hammond* Father's Birthplace *md*

Mother's Maiden Name *Sallie Jane Trego* Mother's Birthplace *md*

Name of person giving Information *Wm J. Hammond* How related to deceased *father*

CAUSES OF DEATH

Primary *Enteric Fever* How long *4 weeks*

Immediate *Perforation* How long *10 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. Y. Carroce*

Address *Cambridge*

Accident or Suicide

PHYSICIAN
OR CORONER

1992

Name
in
Full

Elisha H. Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Elliott ^{Town} Dor ^{County}
Date of death 1960 ^{Month} Feb ^{Day} 25 ^{Years} 67 ^{Months} — ^{Days} —
Sex Male Color or Race White American Birth-place Elliott, Md
Occupation Farmer Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
NameHenry ElliottFather's
BirthplaceElliott, MdMother's
Maiden NameRebecca MooreMother's
BirthplaceElliott, MdName of person giving
Information~~Wife~~ Cornelia ElliottHow related
to deceasedNiece

CAUSES OF DEATH

Primary

Tuberculosis Pulmonary

How long

Immediate

Pneumonia

How long

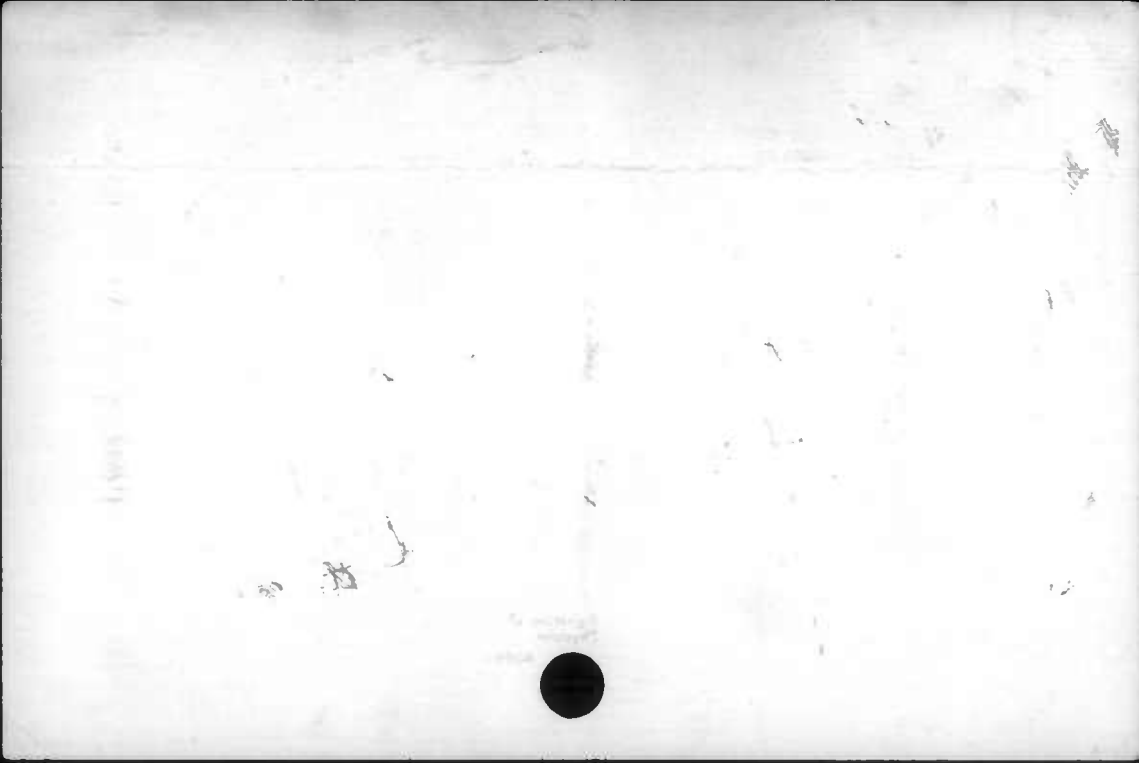
5 daysAre the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianR L Bradley, M.D.

Address

Elliott, Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Infant Horner

CERTIFICATE OF DEATH

Town

County

Died at Fishing Creek

Dorchester

MARYLAND

Date

of death

1900

Feb:

14th.

Age

0

Months

0

Days

1

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Infant

Name of Wife or
HusbandFather's
Name

Geo. Wash. Horner

Father's
Birthplace

Dorchester, Co.

Mother's
Maiden Name

Maggie May Adams

Mother's
Birthplace

Dorchester, Co.

Name of person giving
Information

G.W. Horner

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth, Asphyxia,

How long

15-17 ✓

Immediate

Cardiac Failure.

How long

20hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

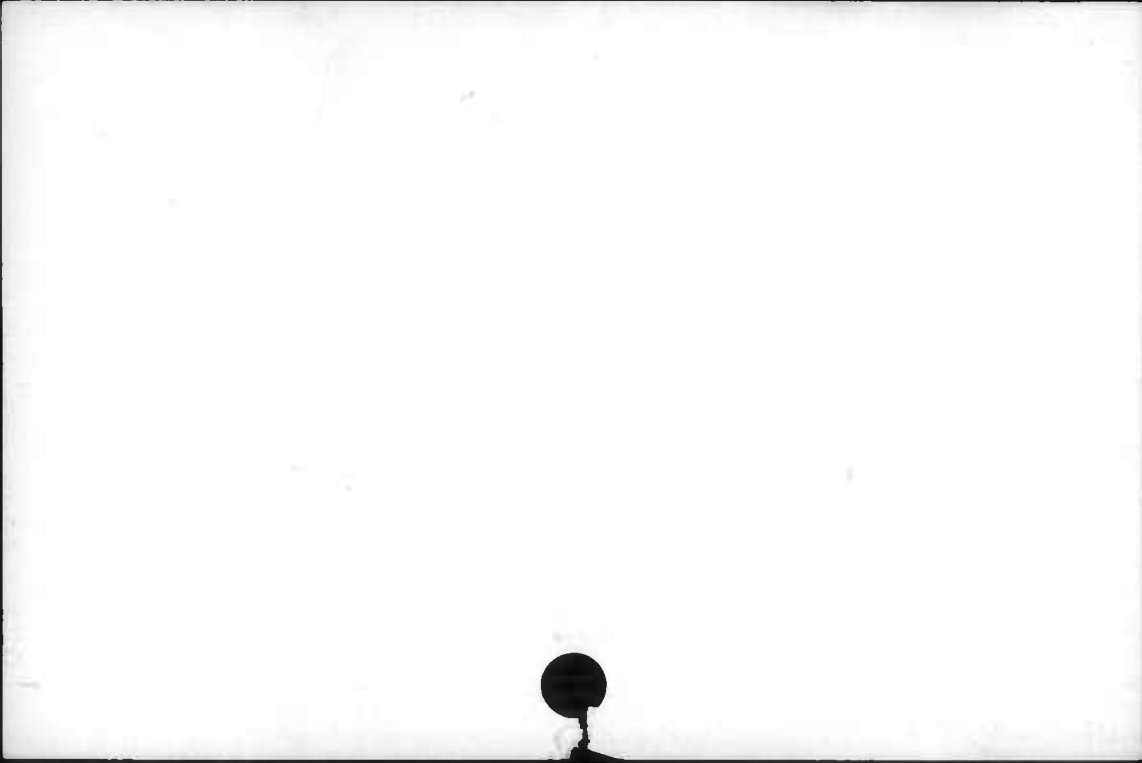
Signature of
Physician

Address

W. H. Houston, M.D..
Fishing Creek, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Infant Horner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

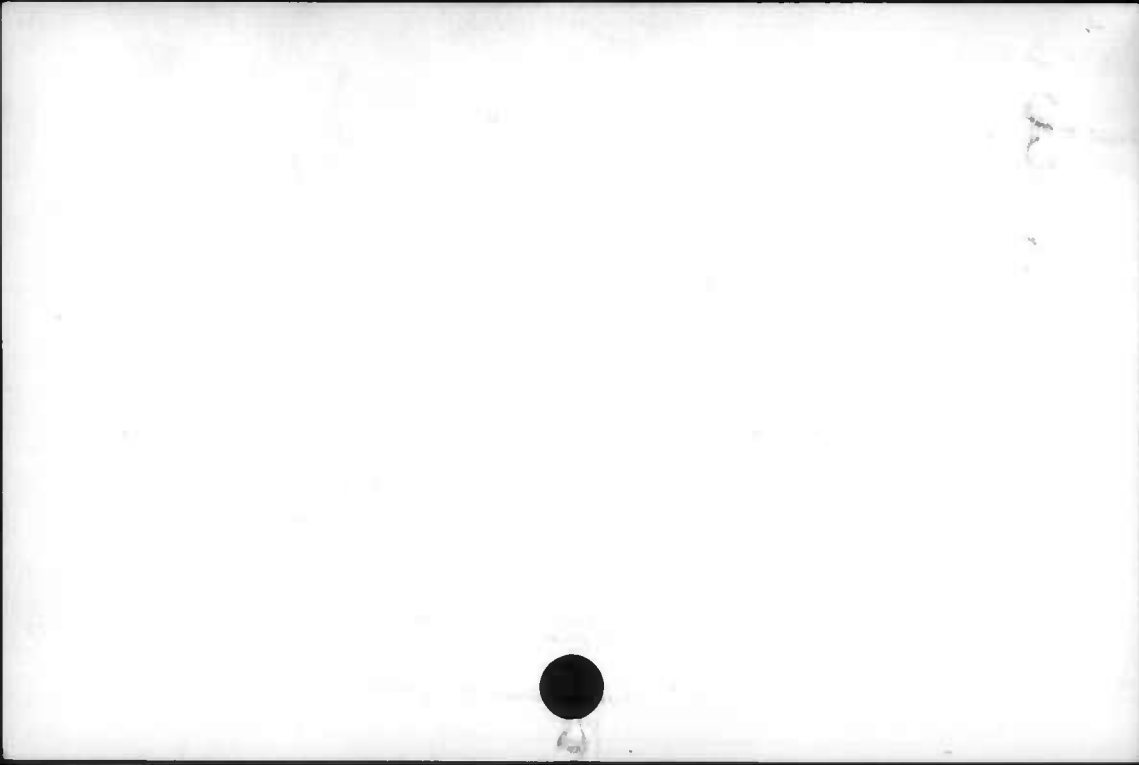
Died at Fishing Creek		Town		County Dorchester		State MARYLAND	
Date of death	1901	Month	Feb.	Day	16th.	Age	0
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Infant		Name of Wife or Husband				
Father's Name	Geo. Wash. Horner,					Father's Birthplace	Dorchester, Co.
Mother's Maiden Name	Maggie May Adams,					Mother's Birthplace	Dorchester, Co.
Name of person giving Information	G. W. Horner,					How related to deceased	Father.

CAUSES OF DEATH

15k

Primary	Premature Birth, Asphyxia,		How long	V
Immediate	Cardiac Failure.		How long	72 Hours.
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	<i>W. H. Hasty, M.D.</i>
			Address	Fishing Creek, Md.
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

Kella Horsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Gorham* ^{Town} *Maine**Dorchester* ^{County}

MARYLAND

Date
of death *1910* ^{Month} *Feb*^{Day} *26*^{Years} *23* ^{Age}^{Months}^{Days}Sex *female*Color or
Race *colored*Birth-
place *md*Occupation *Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband *Eliza Horsey*Father's
Name *Wm Cornish*Father's
Birthplace *md*Mother's
Maiden Name *unknown*Mother's
Birthplace *md*Name of person giving
Information *Jerry Horsey*How related
to deceased *Wife*

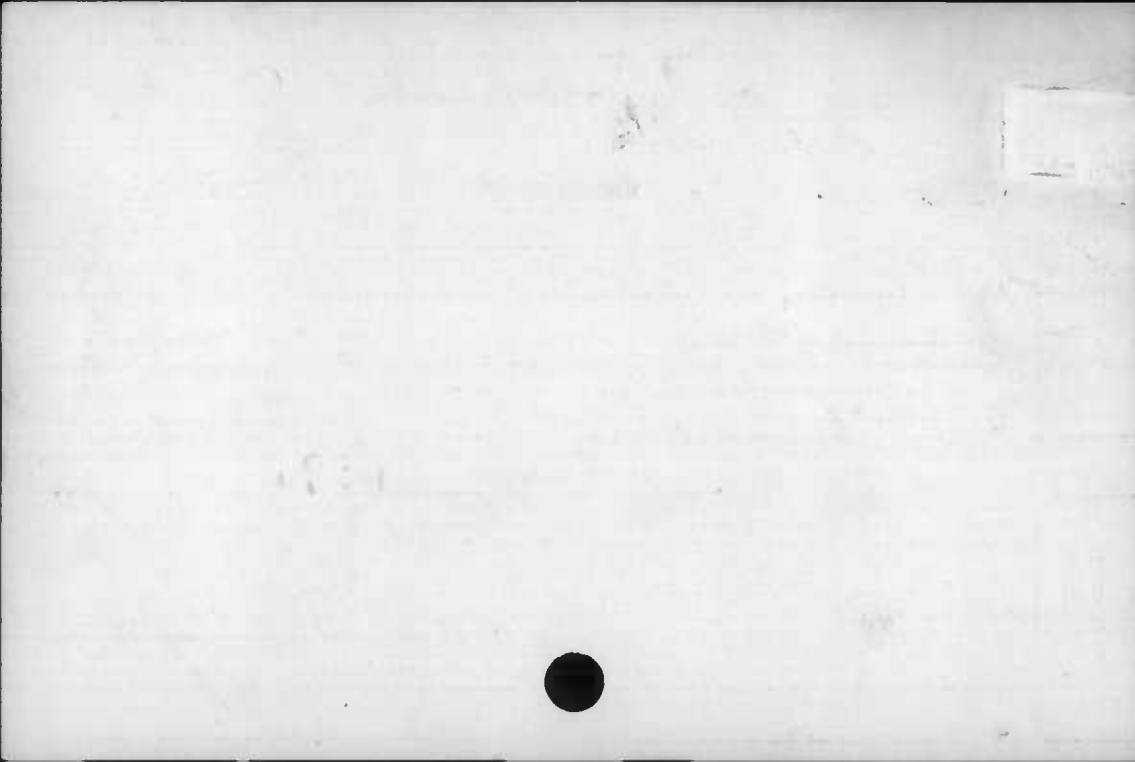
CAUSES OF DEATH

27 ✓

PHYSICIAN
OR CORONERPrimary *Pulmonary Tuberculosis* ^{How long} *about one year*Immediate *Confinement + Brutal treatment by husband* ^{How long}Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician *See Hurby*

Address

No physician in *Health Officer*Accident or Suicide? *attendant. case investigated*



new doctor

This is the case where the husband
married the wife him self with
out permit. arrested

Dr Harvey



Name
in
Full

Horsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Golden Hill* Town *Dorchester* County *MARYLAND*

Date of death *1900 Feb 19* Age *19* Months *19* Days *19*

Sex *female* Color or Race *colored* Birth-place *md*
Occupation _____

Where Residing if not
at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *md*

Father's Name *Elijah Horsey* Father's Birthplace *md*

Mother's Maiden Name *Nella Cornish* Mother's Birthplace *md*

Name of person giving Information *Elijah Horsey* How related to deceased *father*

CAUSES OF DEATH

Primary *Still Born* How long *8*
Immediate _____ How long _____

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician *E. L. M. Hawley, M.D.*
Address *Health officer*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

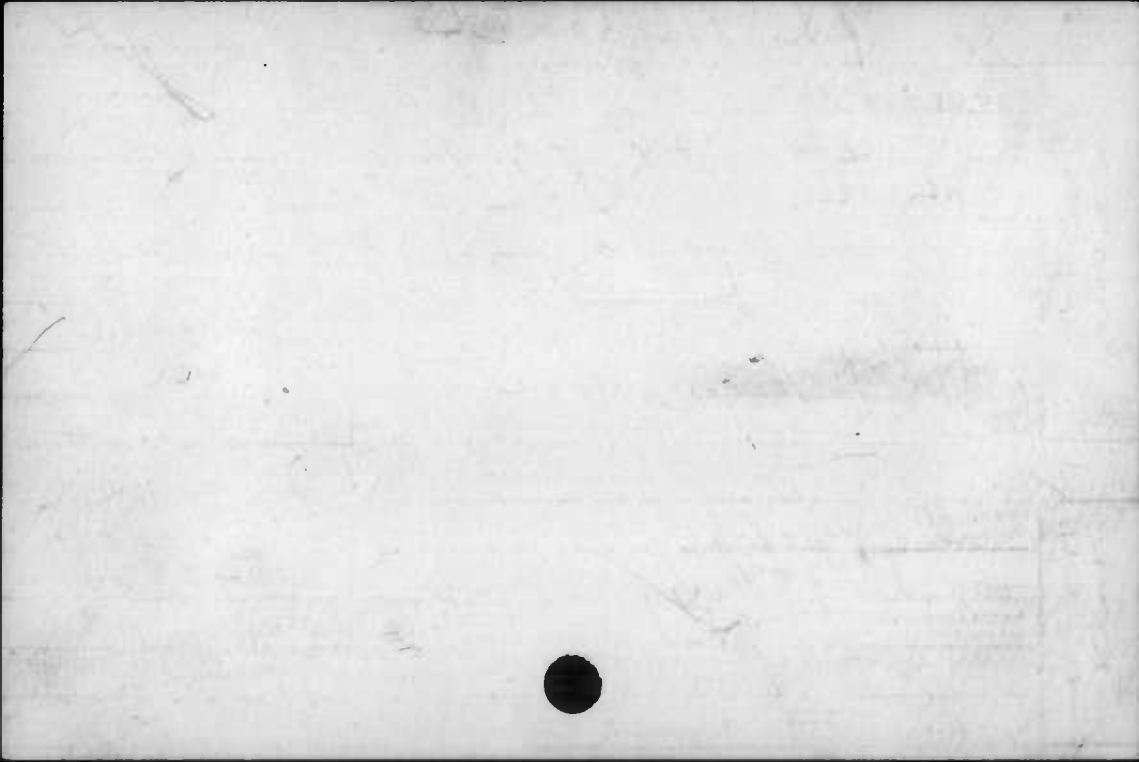
Died at <i>Norlock</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>190</i> ^{Month}	<i>Feb</i> ^{Day}	<i>26</i> ^{Years}	<i>76</i> ^{Months}	<i>1</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Retired Farmer</i>		Birth-place	<i>Williamsburg Va</i>	
Where Residing if not at place of death	<i>Norlock Md</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Mary Hubbert</i>	
Father's Name	<i>Thomas Hubbert</i>			Father's Birthplace	<i>Williamsburg Va</i>
Mother's Maiden name	<i>Maria Cohee</i>			Mother's Birthplace	<i>Williamsburg Va</i>
Name of person giving information	<i>Michael Michael Hubbert</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

(10) v

PHYSICIAN
OR CORONER

Primary	<i>Lagrippe</i>	How long	<i>6 weeks</i>
Immediate	<i>Apoplexy</i>	How long	<i>about 46 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>E. B. Fleming</i>		
Address	<i>Norlock Md</i>		
Accident or Suicide?	<i>Dorchester Co</i>		



Name
in
Full

CERTIFICATE OF DEATH

Margaret A Hughes
Cambridge Dorchester Co

MARYLAND

Died at
Date of death 1980 Feb 1 Age 71
Month Day Years Months Days

Sex Female Color or Race White Birth-place Dorchester

Occupation House Keeper Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband C. C. Hughes

Father's Name Richard Bradshaw Father's Birthplace Dorchester

Mother's Maiden Name Margaret Hughes Mother's Birthplace

Name of person giving Information Susan C Bradshaw How related to deceased Sister

CAUSES OF DEATH

Primary Cause Broken down about year
Immediate Cause 4005 days

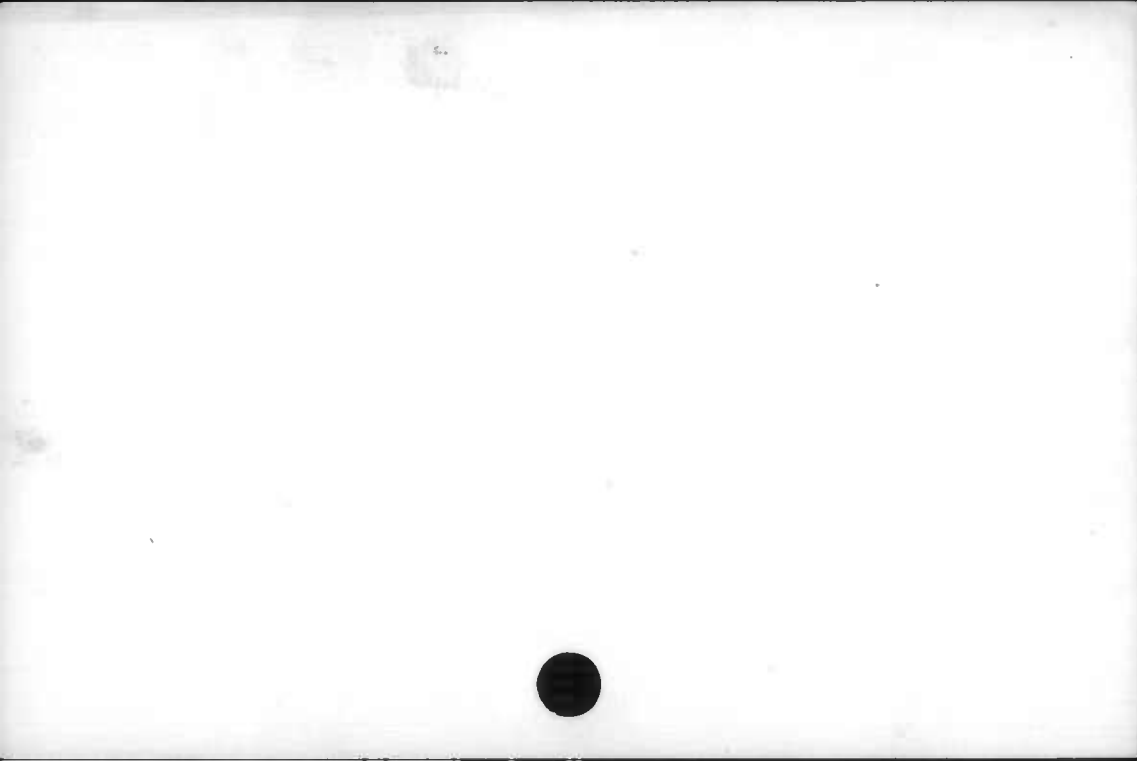
Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician Address John Mace Cambridge

Accident or Suicide yes

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Wm Hurst

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Secretary

Town

County

Dorchester

MARYLAND

Date

of death 1940

Month

2

Day

24

Age

Years

90

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Dorchester

Occupation

Farmer

Where Residing if not
at place of death

Married, ~~Single~~
or ~~Widowed~~

Name of Wife or
Husband

Sallie Christopher

Father's
Name

John Hurst

Father's
Birthplace

Dorchester

Mother's
Maiden Name

don't know

Mother's
Birthplace

Name of person giving
Information

Wm R Hurst

How related
to deceased

Son

CAUSES OF DEATH

154

Primary

Old Age

How long

Immediate

Heart Failure

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. F. Nicols M.D.

Address

E. N. Marck.

Md.

Accident or Suicide

PHYSICIAN
OR CORONER

100-1000
100-1000
100-1000



Name
in
Full

Still Born Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at East New Market ^{Town} Dorchester ^{County} MARYLAND
Date of death 1990 ^{Month} 2 ^{Day} 18 ^{Years} 1 ^{Months} 0 ^{Days} 0
Sex Female Color or Race Colored Birth-place E. N. M. Md
Occupation Where Residing if not at place of death

~~Married, Single~~
or ~~Widowed~~

~~Name of Wife or~~
~~Husband~~

Father's
Name

Harrison Jackson

Father's
Birthplace

Dorchester

Mother's
Maiden Name

Bessie Waters

Mother's
Birthplace

Name of person giving
Information

Harrison Jackson

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth 6 mo. foetus.

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. V. Houghton M.D.
East New Market

Accident or Suicide

10-11-1964
10-11-1964



Name
in
Full

Ida Sudwig

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Hurlock

Date

1960

Month

2

Day

15

Age

Years

54

Months

Days

25

Sex

female

Color or
Race

White

Birth-
place

Baltimore Md

Occupation

Wife

Where Residing if not
at place of death

Hurlock Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Geo. Sudwig

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
information

Geo Sudwig

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Mitral & Aortic Lesions

How long

6 mos

Immediate

the same

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

G. Roger Meyer

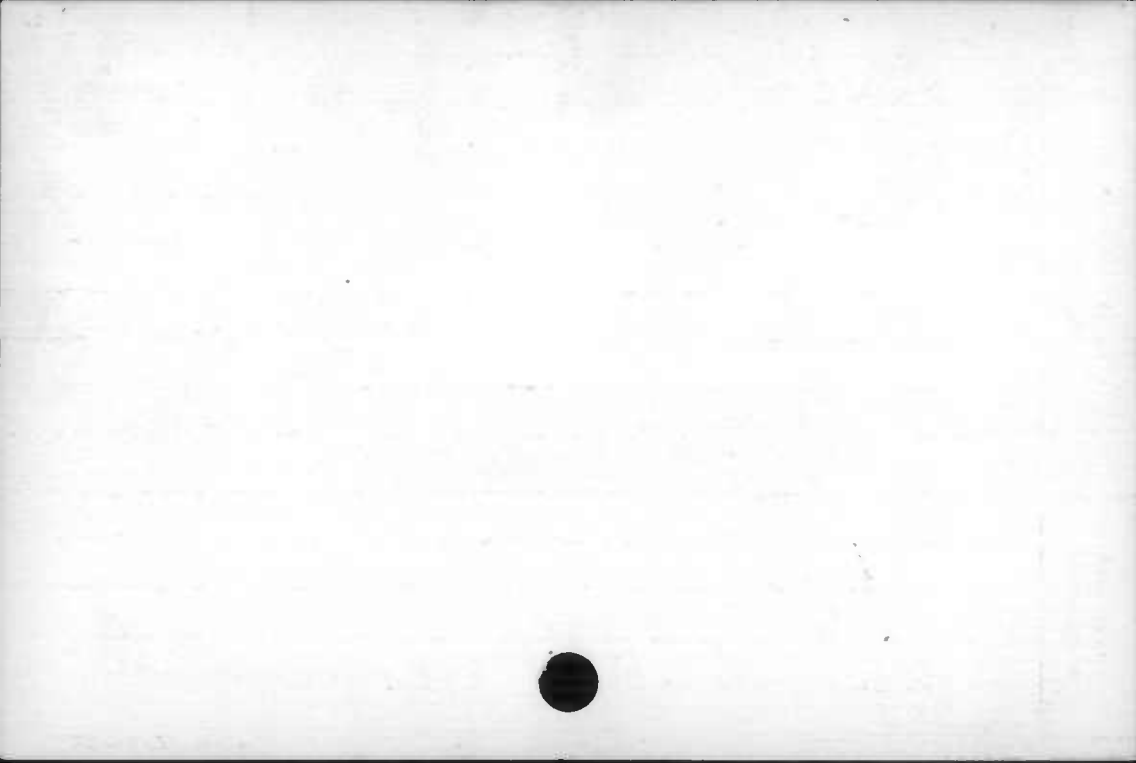
Address

Hurlock

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Enifey Meirick
Town

County Dorchester

MARYLAND

Died at

Secretary

Date
of death

1940

Month

2

Day

25

Age

Years

63

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Occupation

House Work

Where Residing if not
at place of death

Married, Single
~~Widowed~~

Name of Wife or
Husband

Robt- Page

Father's
Birthplace

Dor Co

Father's
Name

Mother's
Birthplace

Mother's
Maiden Name

Mary Wheeler

How related
to deceased

Name of person giving
Information

Elizabeth Smith

Friend

CAUSES OF DEATH

Primary

Acute Nephritis

How long

one week

Immediate

uraemia

How long

17 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Edward L. Jones -
East New Market, Md.

Address

Accident or Suicide



Name
in
Full

Merrill

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Sturlock

Date

of death 1970

Month

2

Day

11

Age

Years

✓

Months

Sturlock

Days

✓

Sex

female

Color or
Race

White

Birth-
place

Sturlock Md

Occupation

mom

Where Residing if not
at place of death

Sturlock Md

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

H. J. Merrill

Father's
Birthplace

Sturlock

Mother's
Maiden Name

Selma Postles

Mother's
Birthplace

Kent Co Md

Name of person giving
In formation

Harry J. Merrill

How related
to deceased

father

CAUSES OF DEATH

Primary

Sturlock

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

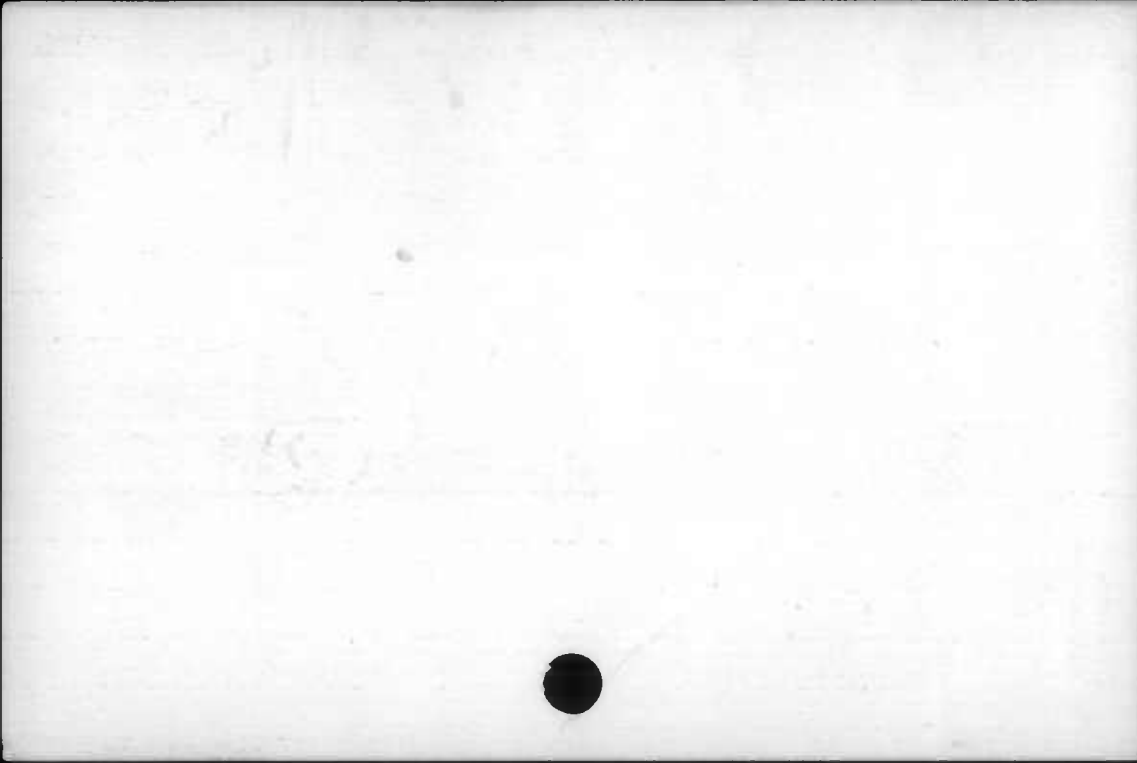
Address

G. Roger Meyer

Sturlock Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Caroline Montgomery

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Date

of death

1900

Month

Feb

Day

1st

Age

Years

38 abt

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Dorchester Co

Occupation

Housewife

Where Residing if not
at place of death

in

Married, Single
or Widowed

Married

Name of Wife or
Husband

Jonathan Montgomery

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Jimie Hayes

Mother's
Birthplace

Dorchester Co

Name of person giving
Information

Jonathan Montgomery

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 yr

Immediate

Ischemia

How long

See next

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dexter J. Reynolds MD

Address

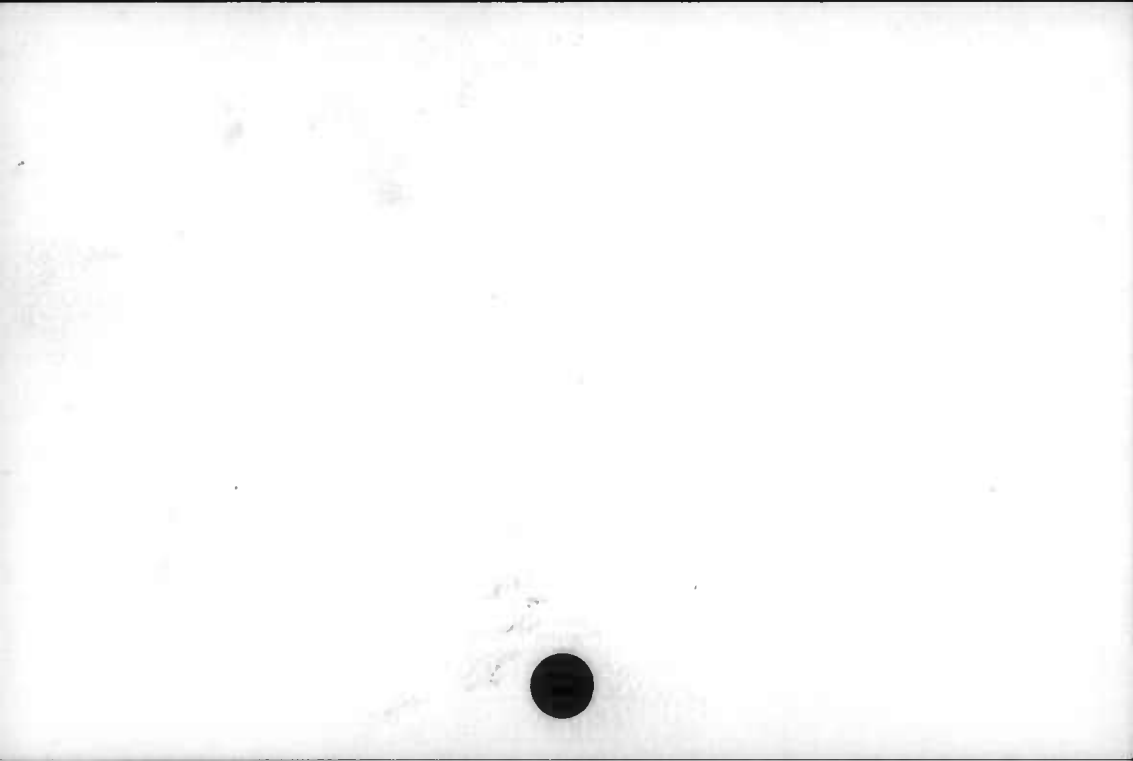
Cambridge, Md

Accident or Suicide

LTH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

James A. Knowbray.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsburg.		County Dorchester		MARYLAND	
Date of death		Month 1900	Day Feb.	Age 67	Years 67	Months 19	Days 19
Sex Male		Color or Race White		Birth- place Dor. Co. Md.			
Occupation Retired Farmer.				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Emma Charles.	
Father's Name		William Knowbray.		Father's Birthplace		Dor. Co. Md.	
Mother's Maiden Name		Harriett Conaway.		Mother's Birthplace		" " "	
Name of person giving Information		Alexine Knowbray.		How related to deceased		Sister.	

CAUSES OF DEATH

Primary Hemiplegia

How long

3 yrs

Immediate

How long

3 weeks

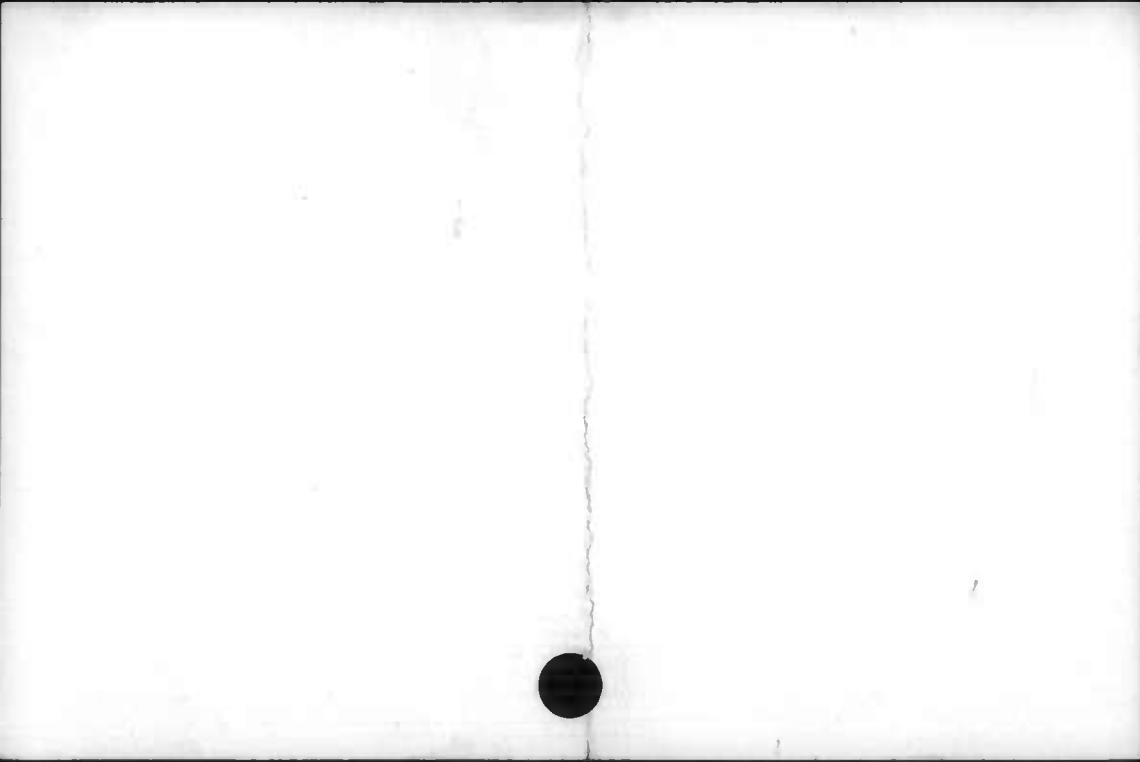
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

O. A. Maguire
Hurdock Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name

in
Full

willie a Powley

CERTIFICATE OF DEATH

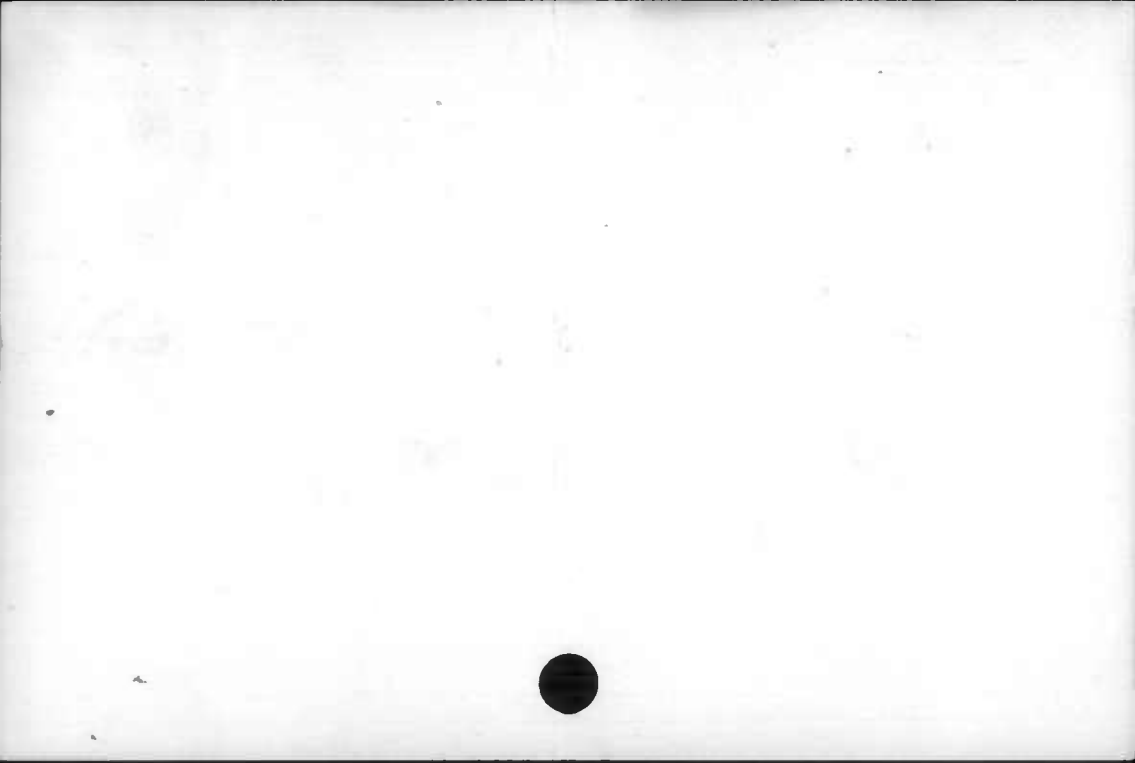
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bishop Head District no 10</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1960</i>	Month <i>february</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>12</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Bishop Head</i>				
Occupation <i>non</i>	Where Residing if not at place of dath <i>— — —</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>non</i>						
Father's Name <i>Risdon Powley</i>	Father's Birthplace <i>Dorchester co</i>						
Mother's Maiden Name <i>Birtha Pritchett</i>	Mother's Birthplace <i>Bishop Head</i>						
Name of person giving Information <i>Edward Pritchett</i>	How related to deceased <i>grand father</i>						

CAUSES OF DEATH

Primary <i>unknown</i>	How long <i>189</i>
Immediate <i>—</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>no Physician in attendance</i> Physician <i>Wm H Pritchett</i>
	Address <i>Bishop Head md</i> <i>Subregister</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Carlo Resetto

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Date

of death 1940

Month

July

Day

5

Age

Years

—

Months

1

Days

—

Sex

Color or
RaceBirth-
place

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Joseph Carlo Resetto

Father's
Birthplace

Washington DC

Mother's
Maiden Name

Emma Stenn

Mother's
Birthplace

Charles Co.

Name of person giving
Information

Joseph Carlo Resetto

How related
to deceased

Father

CAUSES OF DEATH

Primary

Malnutrition

How long

151

3 weeks

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E.E. Wolff
Cambridge, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full~~No Name~~ Reshaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month <i>Feb</i>	Day <i>11</i>	Years		Months	Days <i>1</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Cambridge</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband					
Father's Name <i>M. J. Reshaw</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Julia Adams</i>		Mother's Birthplace <i>Deals Island</i>					
Name of person giving Information <i>M. J. Reshaw</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

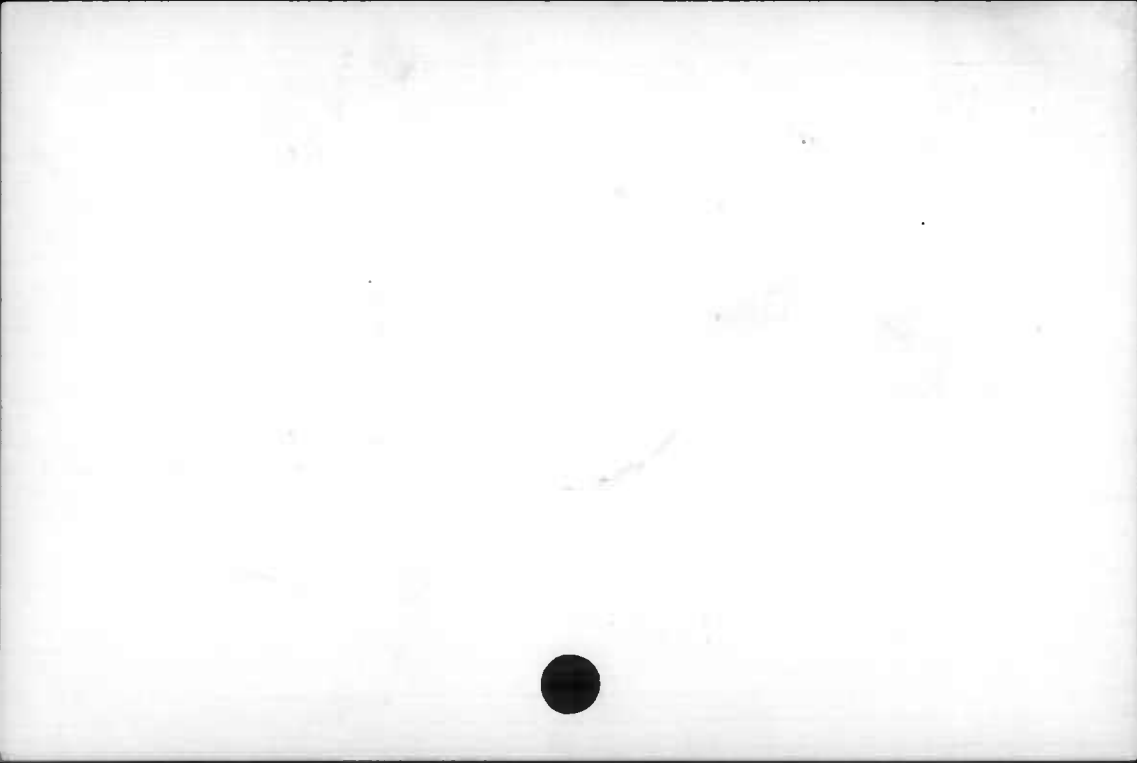
Primary <i>Primordial Birth</i>	How long <i>4 hours</i>
Immediate <i>DO</i>	How long <i>DO</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*No physician*Accident or Suicide *caused**see Chas M Hamley
Hewitt office*PHYSICIAN
OR CORONER



Name
in
Full

Leah C. Simmons

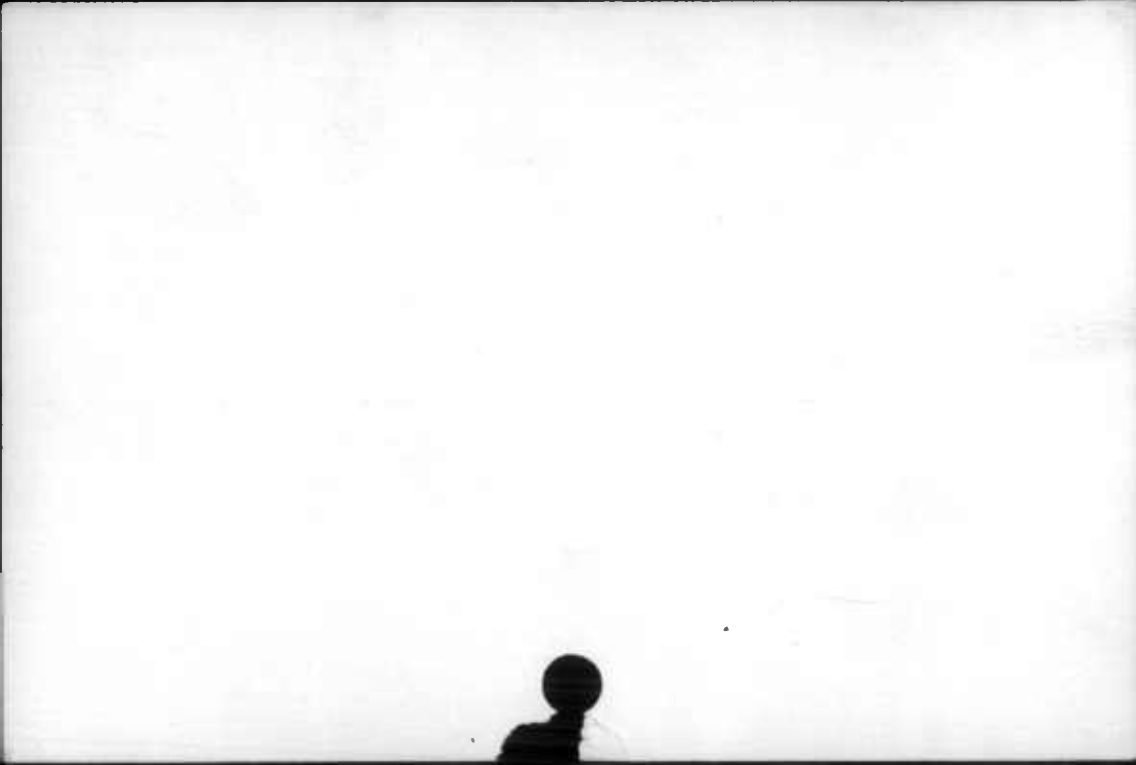
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>E. New Market</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death 19 <i>10</i>		Month <i>Feb.</i>		Day <i>14</i>		Years <i>74</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Months <i>4</i>		Days <i>14</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Cambridge</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Josias S. Simmons</i>		Father's Name <i>Whiteley Beckwith</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Harriet Woodward</i>		Mother's Birthplace <i>"</i>		Name of person giving Information <i>Josie S. Stevens</i>		How related to deceased <i>Daughter</i>	
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary <i>Doble Pneumonia</i>	How long <i>3 months</i>
Immediate <i>Echolera and Old age</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. G. L. Long</i>
<i>Filed 1910</i>	Address <i>Cambridge Md</i>
Accident or Suicide	



Name
in
Full

Terpine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Leicester</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	Month <i>Feb</i>	Day <i>24</i>	Age	Years	Months <i>1 hour</i> ^{Days}
Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place <i>Cambridge</i>	
Occupation <i>none</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name <i>Ed. Gibson</i>			Father's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Cara Mathews</i>			Mother's Birthplace <i>ind</i>		
Name of person giving information <i>Wm. Carrish</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>congenital debility</i>	How long <i>one hour</i>
Immediate <i>DO</i>	How long <i>DO</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas M. Hawley 24 N</i>
<i>No physician called.</i>	Address <i>Health Officer</i>
Accident or Suicide?	



Name
in
Full

Corea Beatrice Travers

CERTIFICATE OF DEATH

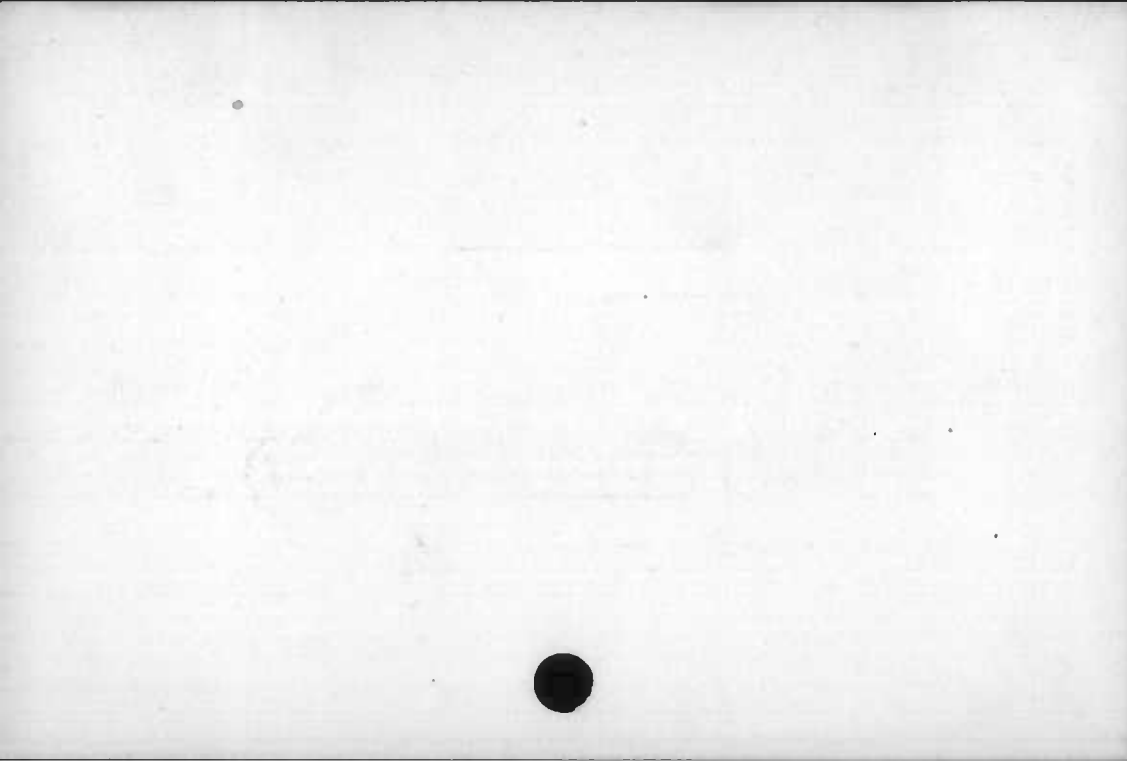
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1900	Month	Feb	Day	21
Age	17	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Dorchester Co
Occupation	Student	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	David Travers	Father's Birthplace			
Mother's Maiden Name	Anna E Johnson	Mother's Birthplace			
Name of person giving information	Ellen Johnson	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	18 mos
Immediate	Exhaustion	How long	several weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dexter B. Reynolds
		Address	
Accident or Suicide?			



Name
in
Full

Samuel E Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		19	Month Feb	Day 7	Age 48	Years —	Months —
Sex Male		Color or Race White		Birth-place Dont know			
Occupation Painter				Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wifs or Husband					
Father's Name James Thomas Tucker				Father's Birthplace Talbot Co			
Mother's Maiden Name Sarah Hammon				Mother's Birthplace Dont know			
Name of person giving Information Harry Towers				How related to deceased Step Son			

PHYSICIAN
OR CORONER

Primary		CAUSES OF DEATH Thought to be Brights + probably tuberculosis Emphysema		How long about 1 year	
Immediate		Heart failure		How long few minutes	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Mace		Address Cambridge	
Accident or Suicide					



Name
in
Full

Bessie B. Tull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near-Rehance ^{County} Dorchester MARYLAND

Date of death 1900 ^{Month} Feb. ^{Day} 25 ^{Age} 11 ^{Years} 11 ^{Months} 7 ^{Days} 25

Sex Female Color or Race white Birth-place Dorchester Co.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Louis W. Tull Father's Birthplace Dorchester Co. Md.

Mother's Maiden Name Mary E. Butler. Mother's Birthplace Sussex Co. Del.

Name of person giving Information Mary E. Tull. How related to deceased Mother.

CAUSES OF DEATH

Primary Diabetes How long 50 3 Mo.

Immediate Double Pneumonia How long 2 days.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician J. J. Brooks.

Address Federalsburg. Caroline Co. Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
In
Full

Baby without name

Wheatley

CERTIFICATE OF DEATH

MARYLAND

Died at Bishop Head dis no 10 Torchester

Date 1910 February 22 Age 1

Sex Female Color or Race white Birthplace Bishop Head

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Samuel P wheathley Father's Birthplace Bishop Head

Mother's Maiden Name Laura T Bramble Mother's Birthplace Bishop Head

Name of person giving information Samuel P wheathley How related to deceased Father

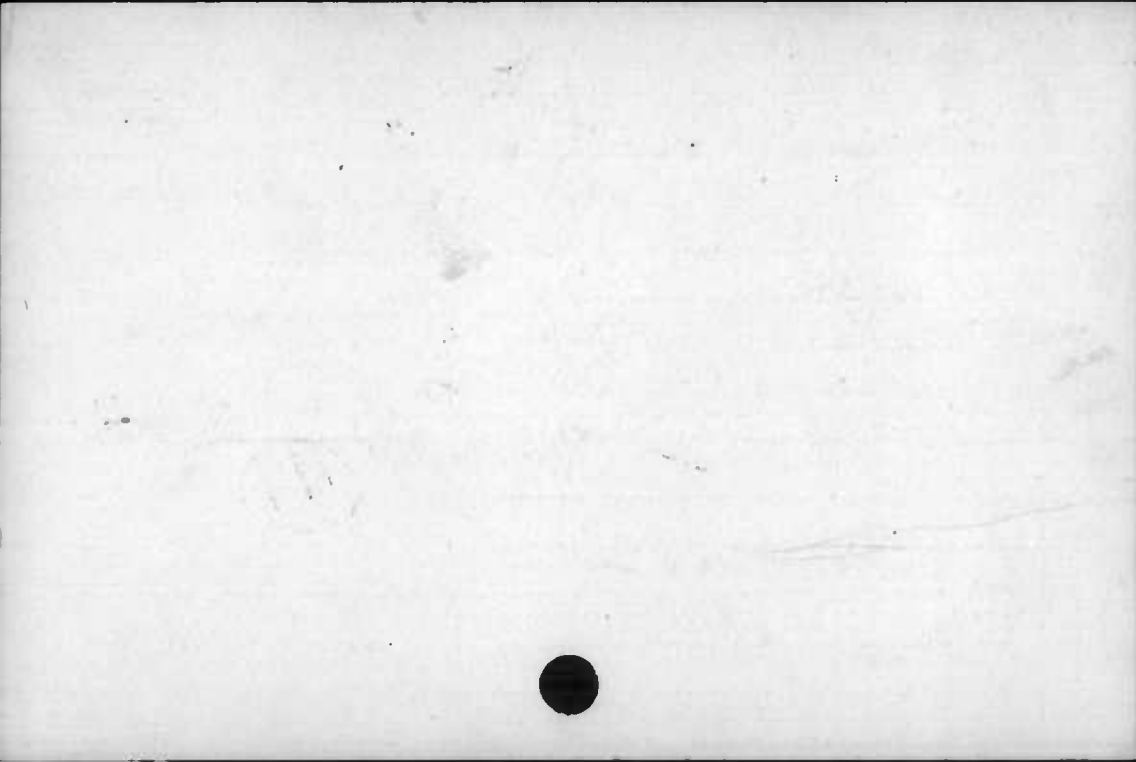
CAUSES OF DEATH

Primary unknown How long 1 hour

Immediate Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician no Dissection in attendance Wm H Bitchett J P

Address Bishop Head md Subregister Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm L Wingate

Died at Wingate ^{Town} Dorchester ^{County} MARYLAND

Date of death 1918 ^{Month} 5th ^{Day} 18 ^{Age} 36 ^{Years} 11 ^{Months} 24 ^{Days}

Sex Male Color or Race White Birth-place Bishopscleeve

Occupation Trilov Where Residing if not at place of death Wingate

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Lewis T Wingate Father's Birthplace Wingate

Mother's Maiden Name Elisha Rritchett Mother's Birthplace Bishop Head

Name of person giving information Father How related to deceased Lewis T Wingate

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate Tuberculosis, Intestinal 50 days

Are the name, age, sex, color, date and place correctly given above? Yes, so far as I know

Signature of Physician J. M. White

Address Wesapo, Dorchester Co

Accident or Suicide? Met

